Department of the Treasury

RECEIVED JAN 1 9 2011 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

anization may have to use a copy of this return to satisfy state reporting requirements.

		ue Servic		dar year, or tax year beginning 07/01, 2009, and ending	, , , , , , , , , , , , , , , , , , , 	06/30, 20 10
		Г	calen	C Name of organization MID-TN SUPPORTED LIVING, INC.	D Employer ide	entification number
B ch	eck if app Addres		Picase use IRS		62-165	9522
\vdash	change	i li	label or	Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite		
<u> </u>	Name o	change	print or type.	•	(615) 36	
	Initial r		See	1161 MURFREESBORO PIKE, SUITE 215	(613) 30	1-0392
	Termin		Specific Instruc-	City or town, state or country, and ZIP + 4	1	0 501 000
	Amend	led	tions.	NASHVILLE, TN 37217	G Gross receip	
	Applica pendin		F Na	me and address of principal officer: MICHELLE MCCAIN	H(a) Is this a grou affiliates?	up return for Yes X No
		•	1161	MURFREESBORO PIKE STE 215 NASHVILLE, TN 37217	H(b) Are all affilia	ntes included? Yes No
ī	Tax-exe	mpt sta	tus:	X 501(c) (3) (insert no.) 4947(a)(1) or 527	If "No," attac	ch a list. (see instructions)
J	Websit	e: 🕨 Ì	NONE		H(c) Group exem	ption number
		f organiz		X Corporation Trust Association Other ▶ L Year of form	ation: 1996 M	State of legal domicile: TN
Pa			nmary			
υ с						
	1	Briefly DROW	descri	be the organization's mission or most significant activities: PERSON CENTERED AND SPECIALIZED SERVICES TO PERS	ONS WITH	
8		TNOV	T T EC	TUAL DISABILITIES. SERVICES PROVIDED INCLUDE: SUR	PORTED	
ᇣ				NURSING, EMPLOYMENT SUPPORT AND PERSONAL ASSISTAN		
Governance						
ő				x ightharpoonup iggl[iggl] if the organization discontinued its operations or disposed of more than 25		9
ಂಶ				ting members of the governing body (Part VI, line 1a)		
9	4	Numbe	er of in	dependent voting members of the governing body (Part VI, line 1b)		4
Activities	5	Total n	umber	of employees (Part V, line 2a)		5 104
ĄĊ	6	Total n	umbei	of volunteers (estimate if necessary)		6 0
•	7 a	Total g	ross u	nrelated business revenue from Part VIII, line 12, column (C)		7a 0.
				business taxable income from Form 990-T, line 34		
					Prior Year	Current Year
	8	Contril	bution	and grants (Part VIII, line 1h)	40,6	77. 40,701.
Ę	9	Droors	m con	ice revenue (Part VIII line 2g) COPY FOR	2,444,2	25. 2,458,278.
Revenue	10	Invoct	mont ir	ice revenue (Part VIII, line 2g) COPY FOR PUBLIC INSPECTION	1,6	
æ						8. 0.
				e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,486,5	
				e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,100,0	0. 0.
				imilar amounts paid (Part IX, column (A), lines 1-3)	 	0. 0.
				to or for members (Part IX, column (A), line 4)	2,148,6	* 1
8	15			er compensation, employee benefits (Part IX, column (A), lines 5-10)	2,140,0	0. 2,243,132.
Expenses	16a			fundraising fees (Part IX, column (A), line 11e)		
×	b			sing expenses, Part IX, column (D), line 25) ▶		454 000
ш	17	Other	expen	ses (Part IX, column (A), lines 11a-11d, 11f-24f)	442,1	
	18	Total e	expens	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,590,7	
_	19	Reven	ue les	s expenses. Subtract line 18 from line 12	-104,2	18196,270.
2 8					Beginning of Y	
Net Assets or Fund Balances	20	Total a	assets	Part X, line 16)	638,2	
Ass	21			s (Part X, line 26)	42,0	33. 106,723.
¥.5	22	Net as	sets o	r fund balances. Subtract line 21 from line 20	596,1	87. 399,917.
-	rt li			e Block		
	ign	Under	penalt	es of perjury, I declare that I have examined this return, including accompanying schedules is true, correct, and complete. Declaration of preparer (other than officer) is based on all i	and statements, and statements, and of which the statements of which the statements are statements.	nd to the best of my knowledge ch preparer has any knowledge.
	lere			re of officer	Date	
			Type o	print name and title		
Paid		Prepa	erer's Iture	Rodney C Brower 11/12/10 Check self-employ	(se	eparer's identifying number e instructions)
	parer's	Firms		or yours CROSSLIN & ASSOCIATES, P.C.	EIN ►	
USE	Only	addres	ss, and	2525 WEST END, SUITE 1100 NASHVILLE, TN 372	03 Phone no. 🕨	615-320-5500
Ma	y the I	RS dis	cuss t	nis return with the preparer shown above? (See instructions)		X Yes No

	rt Statement of Program Service Accomplishments
	Briefly describe the organization's mission: ATTACHMENT 2
3	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: 624100) (Expenses \$ 2,332,528. including grants of \$ 0.) (Revenue \$ 2,458,278.) TO PROVIDE SERVICES TO PERSONS WITH INTELLECTUAL, DEVELOPMENTAL, AND OTHER DISABILITIES IN THE AREAS OF SUPPORTED LIVING, SPECIALIZED EQUIPMENT, SUPPLIES, AND PERSONAL ASSISTANCE.
4 b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 2,332,528.

62-1659522

Page 3

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			l
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		L
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			١
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			,,
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			x
	quasi-endowments? If" Yes," complete Schedule D, Part V	10		<u> </u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	امما	l x	
	VII, VIII, IX, or X as applicable	11	_^	-
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
_	Schedule D, Part VI. Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
_	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1		
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	ł		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
•	complete Schedule D, Parts XI, XII, and XIII	12	Х	†
12A	Was the organization included in consolidated, independent audited financial statement for the tax year?			\vdash
•	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1 -		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			1
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes " complete Schedule H	20	1	l x

Form **990** (2009)

Part	Checklist of Required Schedules (Continued)		Yes	No
			162	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	21		х
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	22		x
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			X
	employees? If "Yes," complete Schedule J	23	-	<u> </u>
24 a			ļ	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	١		l .
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1	ŀ	ļ
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	<u> </u>
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	1	Ì	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	İ	ļ	
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or		l	
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	1	l	
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	1	1	
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	288	x	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1-00	 	\vdash
D	Schedule L, Part IV	28b	l x	
_	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			+
C	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	·	280		l x
20	Part N	29	+	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	1		+
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		l x
	conservation contributions? If "Yes," complete Schedule M	30	+	+
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		x
	Part I		+	+ "
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	X
	Schedule N, Part II		+	+^
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	+	+^
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	١.,	1	,
	III, IV, and V, line 1			X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			١
	Schedule R, Part V, line 2			<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2		 	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R			
	Part VI			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	. 38		
		_	000	

62-1659522

Раг	V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1		
	U.S. Information Returns. Enter -0- if not applicable		1	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	.	:	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
•	gaming (gambling) winnings to prize winners?	1 c	Х	
2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 104	- :		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	1	#	
	instructions)	1 : 4 ?		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	1 1		
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
ь	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.		- 11	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	1		
	Prohibited Tax Shelter Transaction?	5c	<u> </u>	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	-	₩
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		,
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			X
	required to file Form 8282?	7 c	-	 ^
d	If "Yes," indicate the number of Forms 8282 filed during the year	┨		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7.	1	x
	benefit contract?	7e	\vdash	$\frac{1}{X}$
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X	
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g	 ^	+
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7.		
_	required?	7 h		+-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8		X
	organization, have excess business holdings at any time during the year?	۲		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		X
a	The state of the s	9 b	<u> </u>	X
40	Section 501(c)(7) organizations. Enter:	1	1	T
10 a	100 July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b]		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders		1.0	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
	amounts due or received from them.)]	1	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1	****	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
, a	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
_		8a	Х	
a	The governing body?	8b	X	
þ		71)		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		х
		Ja		
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)		Yes	No
		40-		X
	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	405		ĺ
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		Х	
	form?	11	^	_
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	ļ
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	<u> </u>		
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		15a	х	
a	The organization's CEO, Executive Director, or top management official	15a	Х	t
b	Other officers or key employees of the organization	190		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		X
_	with a taxable entity during the year?	16a		+
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			├─
	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_TN,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only)	
	available for public inspection. Indicate how you make these available. Check all that apply. Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
-	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of t	he		
	State the name, physical address, and telephone number of the person who possesses the books and records of torganization: MICHELLE MCCAIN 1161 MURFREESBORO PIKE, SUITE 215 NASHVILLE, TN 615-367-0592	372	17	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Charlettis have if the arganization did not components any current afficer director, or trustee

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week	individual trustee P or director	nstitutional trustee		ন Key employee	ল Highest compensated জ employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
DORIA PANVINI										
BOARD PRESIDENT	2.00	Х						0.	0.	0
PATRICIA BUTLER										
BOARD VICE-PRESIDENT	2.00	X						0.	0.	. 0
ELIZABETH GERLOCK	Ĭ									
BOARD SECRETARY	2.00	X	1 1	į l				0.	0	. 0
JOHN LEWIS										
BOARD TREASURER	2.00	Х						0.	0	0
BUD BUTLER										
BOARD MEMBER	1.00	Х			١			0.	0	. 0
RON BUTLER			П							
BOARD MEMBER	1.00	X	ΙI				l	0	. 0	0
WALTER ROGERS			П							
BOARD MEMBER	1.00	X					1	0	. 0	0
BELINDA BUTLER										
BOARD MEMBER	1.00	Х		1	ļ.			0	. 0	0
SUSAN MCMILLAN										
BOARD MEMBER	1.00	X				1		0	. 0	ļ o
MICHELLE MCCAIN		1			T^{-}		T			
EXECUTIVE DIRECTOR	40.00	1		Х		ŀ		70,000	. 0	1,193
			┢	_						
		_								
			-	-	T					
			+-	-	\dagger		+			
		-	╁-	┼	+	-	+			

Form 990 (2009)

Part V		stees, Ke	y Em	plo	yee	es,	and H	ligl	nest Compensate	ed Employe	es (cc	ntinued)	
	(A) Name and title	(B) Average	Posit	Position (check all that ap				ly)	(D) Reportable compensation	(E) Reportable compensat	le	(F) Estimate amount		
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from relation organization (W-2/1099-M	ed ons	ot compe fror organ and i	her	n I
											_			
		_												
					<u> </u>	_								
				_	_		<u> </u>							
		<u> </u>			L				70.000	_				102
1b To 2 To	tal number of individuals (including but not	limited to			ed a	 abov	 /e) wh	<u></u> О Г	70,000 eceived more than	\$100,000 in	0 }		1,1	193
rep	portable compensation from the organization	on 🕨		0									Yes	No
3 Did em	d the organization list any former officially of the organization list any former officially of the organization of the organi	cer, direct	or o	r tr divid	uste Iual	э е ,	key e	em	ployee, or highes	t compens	ated	3		Х
the	r any individual listed on line 1a, is the organization and related organizations	greater t	han S	\$15	0,0	00?	If "Y	es,	n and other com " complete Scheo	pensation f dule J for s	rom such	4		Х
5 Die	d any person listed on line 1a receiversices rendered to the organization? If "Yes,	e or acc	rue d	com	pen	sat	ion fr	om	any unrelated	organization	for	5		Х
Section	n B. Independent Contractors													
	mplete this table for your five highest mpensation from the organization.	compensa	ated i	nde	per	nder	nt con	tra	ctors that receive	ed more tha	an \$10			
	(A) Name and business add	dress						1	(B) Description of se	ervices	((C) Compens		
		_						+						
					_			+						
								\downarrow		-				
	tal number of independent contractors (including t	ut n	nt 1	m it	ad ·	to the		listed above) who	received	-			
2 To	ore than \$100,000 in compensation from t	he organiz	ation	<i>></i> . "		Ju	0	J.				, ta		

Par	VIII		ue		·			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, giffs, grants and other similar amounts	1a b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions)	1b 1c 1d	36,753.				
	f 9 h	All other contributions, gifts, grants and similar amounts not included a Noncash contributions included in Total. Add lines 1a-1f	s, above . 1f lines 1a-1f: \$	1,948.	40,701.			
Program Service Revenue	2a b c d	STATE OF TENNESSEE CONTRAC	T REVENUE	Business Code 624100	2,458,278.	2,458,278.		
Progran	e f 9	All other program service reve			2,458,278.	en An America		
	3 4 5	Investment income (including other similar amounts). A: Income from investment of tar Royalties	TTACHMENT	3 ▶	2,111. C.	2,111.		
	6a b c	Gross Rents	(i) Real	(ii) Personal	0.			
	_	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities	(ii) Other	0.			
Other Revenue		Gross income from fuevents (not including \$ of contributions reported on to See Part IV, line 18	ine 1c).		0.			
Othe	С	Less: direct expenses Net income or (loss) from fun Gross income from gaming an	draising events ctivities.	· · · · · · · · •	c.			
	b c	See Part IV, line 19 Less: direct expenses Net income or (loss) from ga	b		0.			
		Gross sales of inventor returns and allowances Less: cost of goods sold	a	· L				fee fire
		Net income or (loss) from sal Miscellaneous Revent	es of inventory.		C.			
	b	All other revenue						
	12	Total. Add lines 11a-11d Total Revenue. See instruction			0. 2,501,090.	+		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do not include amounts reported on line 7b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to governm organizations in the U.S. See Part IV, line 2 Grants and other assistance to individue the U.S. See Part IV, line 2 Grants and other assistance to gove organizations, and individuals outs U.S. See Part IV, lines 15 and 16 Grants and other assistance to gove organizations, and individuals outs U.S. See Part IV, lines 15 and 16 Grants and to or for members Grants and key employees Grants and section 4958 (C) (3 Grants and section 403 (b) employer contributions of the management Grants and Section 403 (b) employer contributions of the management Grants	es 6b,	(A) Total expenses	(B)	(C)	(D)
organizations in the U.S. See Part IV, lin Grants and other assistance to indivithe U.S. See Part IV, line 22 Grants and other assistance to gove organizations, and individuals outs U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, trustees, and key employees Compensation not included above, to opersons (as defined under section 4958 (c) (3) Other salaries and wages Pension plan contributions (include seand section 403(b) employer contribution of the members of the memb			Program service expenses	Management and general expenses	Fundraising expenses
organizations in the U.S. See Part IV, line Grants and other assistance to indive the U.S. See Part IV, line 22	ents and				
the U.S. See Part IV, line 22		0.			
Grants and other assistance to gove organizations, and individuals outs U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, trustees, and key employees Compensation not included above, to opersons (as defined under section 4958 persons described in section 4958(c)(3) Other salaries and wages Pension plan contributions (include sea and section 403(b) employer contributions (other employee benefits Payroll taxes Fees for services (non-employees): Management Legal Caccounting	iduals in				
organizations, and individuals outs U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, trustees, and key employees Compensation not included above, to opersons (as defined under section 4958 persons described in section 4958 (c)(3) Other salaries and wages Pension plan contributions (include sea and section 403(b) employer contributions Other employee benefits Payroll taxes Pees for services (non-employees): Management Legal CAccounting Professional fundraising services. See Part Investment management fees Other Advertising and promotion Office expenses Information technology Royalties Occupancy Travel		0.			
U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, trustees, and key employees Compensation not included above, to opersons (as defined under section 4958 (c)(3) Other salaries and wages Pension plan contributions (include sea and section 403(b) employer contributions of the remployee benefits Payroll taxes Fees for services (non-employees): Management Legal CAccounting Professional fundraising services. See Part Investment management fees Gother Advertising and promotion Office expenses Information technology Royalties Occupancy Travel	rnments,				
Benefits paid to or for members Compensation of current officers, trustees, and key employees Compensation not included above, to opersons (as defined under section 4958 persons described in section 4958 (c)(3) Other salaries and wages Pension plan contributions (include section 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): Management Legal CAccounting Professional fundraising services. See Part Investment management fees GOther Advertising and promotion Office expenses Information technology Royalties Occupancy Travel					
Compensation of current officers, trustees, and key employees Compensation not included above, to opersons (as defined under section 4958(c)(3) Cother salaries and wages Pension plan contributions (include sea and section 403(b) employer contributions) Cother employee benefits Payroll taxes Pees for services (non-employees): Management Legal CAccounting CAccounting CAccounting CAccounting CAccounting COTHER SERVICES COTHER SER		0.			
trustees, and key employees Compensation not included above, to opersons (as defined under section 4958 persons described in section 4958 (c) (3 Other salaries and wages Pension plan contributions (include seand section 403(b) employer contributions of the remployee benefits Payroll taxes Pees for services (non-employees): Management Legal CAccounting Professional fundraising services. See Part Investment management fees Other Advertising and promotion Office expenses Information technology Royalties Occupancy Travel		0.			
Compensation not included above, to opersons (as defined under section 4958 persons described in section 4958(c)(3). Other salaries and wages. Pension plan contributions (include seand section 403(b) employer contributions). Other employee benefits. Payroll taxes. Pees for services (non-employees): Management Legal CAccounting. CAccounting. Professional fundraising services. See Part Investment management fees. GOTHER. Advertising and promotion. Office expenses. Information technology. Royalties. Occupancy. Travel.	directors,	70 000	62,000	7 000	
persons (as defined under section 4958 persons described in section 4958(c)(3) Other salaries and wages Pension plan contributions (include section 403(b) employer contributions) Other employee benefits Payroll taxes Pees for services (non-employees): Management Legal CAccounting Professional fundraising services. See Part Investment management fees Other Advertising and promotion Office expenses Information technology Royalties Occupancy Travel		70,000.	63,000.	7,000.	
persons described in section 4958(c)(3 Other salaries and wages Pension plan contributions (include sec and section 403(b) employer contributions Other employee benefits Payroll taxes Fees for services (non-employees): Management Legal CAccounting CHOPPORTS See Part Investment management fees Other Advertising and promotion Office expenses Information technology Royalties Occupancy Travel	Jisqualified	1			
Other salaries and wages					
Pension plan contributions (include sea and section 403(b) employer contributions. Other employee benefits)(B)	0.	1 504 070	173,645.	·
and section 403(b) employer contribution Other employee benefits	_	1,758,615.	1,584,970.	1/3,043.	
Other employee benefits					
Payroll taxes	I	0.	050 500	28,063.	
1 Fees for services (non-employees): a Management b Legal	· · · · · _	280,625.	252,562.	13,389.	-
a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part f Investment management fees g Other Advertising and promotion Office expenses Information technology Royalties Occupancy Travel	_	133,892.	120,503.	13,389.	
b Legal c Accounting d Lobbying e Professional fundraising services. See Part f Investment management fees g Other Advertising and promotion Office expenses Information technology Royalties Occupancy Travel		_	j		
c Accounting		0.			
d Lobbying					
e Professional fundraising services. See Part f Investment management fees g Other		0.			
f Investment management fees g Other	· · · · · -	0.			
g Other		0.			
2 Advertising and promotion		0.			
3 Office expenses				99.	
4 Information technology	• • • • •	99.		99.	
5 Royalties	_	0.			
6 Occupancy	· · · · · - _				
7 Travel	1	157,476.	108,787.	48,689.	
	· · · · · -			15,868.	-
		105,219.	89,351.	13,000.	
8 Payments of travel or entertainment					
for any federal, state, or local publi		0.			
9 Conferences, conventions, and meetin	gs	0.			
10 Interest		0.			
11 Payments to affiliates	f T	0.		5,418.	 -
22 Depreciation, depletion, and amortizate	iion _	5,418.		7,262.	
3 Insurance	_	7,262.		1,202.	
4 Other expenses. Itemize exper					
covered above. (Expenses grouped	· ·				
and labeled miscellaneous may no					
5% of total expenses shown on line 2	25 Delow.)	67 710	42.000	14 620	
a MISCELLANEOUS	-	57,718.	43,089.	14,629.	
b UTILITIES		20,062.	20,062.	13,036.	
c COMMUNICATIONS	:	19,355.	6,319.	13,030.	
d UNITED WAY COLLABORATI	<u>л</u> — — —	17,072.	17,072.		
	-	14,266.	14,266.	37,734.	
f All other expenses		50,281.	12,547.	364,832.	
25 Total functional expenses. Add lines 1		2,697,360.	2,332,528.	304,032.	
SOP 98-2. Complete this line or organization reported in column (B) from a combined educational camfundraising solicitation	joint costs paign and				

PAGE 11

62-1659522 Page 11

Balance Sheet Part X (A) End of year Beginning of year 294,186. 398,853. 1 2 2 3 Pledges and grants receivable, net 228,532. 207,037. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 7 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10,835. 5,417. 36,621. 10c 11 11 Investments - other securities. See Part IV, line 11....... 12 12 13 13 14 14 15 15 506,640. 638,220. 16 16 106,723. 42,033. 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 25 42,033. 106,723. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ightharpoonup |X| and complete lines 27 through 29, and lines 33 and 34. or Fund Balances 399,917. 596,187. 27 27 Unrestricted net assets 28 28 29 29 Organizations that do not follow SFAS 117, check here ▶ │ and complete lines 30 through 34. 30 30 Net Assets 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 399,917. 596,187. 33 33 506,640. 638,220. 34 Total liabilities and net assets/fund balances

Form 990 (2009)

Pa	rt XI Financial Statements and Reporting		<u> </u>	
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in			ĺ
	Schedule O.			i
2a	with the state of	2a		Х
2a b		2b	Х	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			l
C	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
_	Schedule O.		l	1
d	11 199 to min == 0. = 1)			}
	issued on a consolidated basis, separate basis, or both:			
	X Separate basis	ļ		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1	l x
	the Single Audit Act and OMB Circular A-133?	3a	\vdash	 ^
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3 b		
_		Form	220	(2009

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047
2009
Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

MID-TN SUPPORTED LIVING, INC.

Employer identification number 62-1659522

IID-TN	SUPPORTE	D LIVING,	INC.		 	1 - 11-1	- L	ingle.cal:	02-103	7,7,2,2		_
Part I	Reason for	Public Char	ity Status (All organiz	ations mu	st comple	te this pa	art.) See	Instructi	ons.			—
he <u>org</u> ar	nization is not	a private foun	dation because it is: (Fo	or lines 1 th	rough 11, c	neck only	one box.) MAME				
1 🔲	A church, cor	nvention of chu	irches, or association of	churches	described in	section	170(0)(1))(A)(1).				
2	A school des	cribed in secti	on 170(b)(1)(A)(ii). (Atta	ich Schedu	(8 E.)	470/I	-1/41/81/6	::\				
3	A hospital or	a cooperative	hospital service organiz	ation descr	ibed in sec i	ion 170(I)(1)(A)(II Ibad ia c	II). Saetian 1	70/5//4//	Miii) F	nter i	the
4			zation operated in con	junction w	ith a nosp	itai descr	ibea in s	section i	יאני אנטאטיי	- 7(111). ∟	inci	,110
	hospital's nar	ne, city, and st	ate:				orated by		nmental i	init desi	cribed	lin
5			or the benefit of a colle	ege or univ	ersity own	ea or op	erated by	a gover	Illineillai c	mit des	311500	
	section 170(b)(1)(A)(iv). (C	Complete Part II.)		adhad in ac	ation 17	N/6\/4\/A	\/\/\				
6	A federal, sta	ate, or local go	vernment or governmer	ntal unit des	cribed in se	from a co	olo)(i)(v	Λ•)· ntal unit /	or from th	e gener	al pul	blic
7 📙			ally receives a substanti		is support	iioiii a y	JAGIIIIIIGI	itai uiiit v	J. 11 JIII (11	o gono.	 p	•
	described in	section 170(b	(1)(A)(vi). (Complete Pa	art II.) Alduil (Con	nnloto Part	нх						
8	A community	trust describe	ed in section 170(b)(1)(/ ally receives: (1) more th	4)(VI). (COII	n piete i ait Kofite eur	nort from	contribu	itions. mi	embershir	fees, a	nd gr	oss
9 X	An organizat	non that norm	ally receives. (1) more to ated to its exempt fund	tione - eut	viect to cer	tain exce	ntions a	nd (2) no	more th	an 331/	3% of	its
	receipts from	n activities rei	ated to its exempt fund tment income and unro	alated hus	inace taval	ble incom	ne (less	section 5	511 tax)	from bu	ısines	ses
	support from	n gross inves	n after June 30, 1975.	cialcu bus See cartion	111033 (UAU) 1509/a)/2)	(Comple	te Part III	.)	,			
—	acquired by	ine organizatio	and operated exclusivel	v to test for	r nublic safe	tv. See so	ection 50) 9(a)(4).				
10	An organizat	tion organized	and operated exclusive	velv for the	e benefit (of to per	form the	function	ns of, or	to carry	out	the
11	An organiza	one or more	publicly supported orga	nizations d	escribed in	section	509(a)(1) or sect	ion 509(a)(2). See	sec	tion
	purposes of	heck the hov t	hat describes the type of	f supporting	organizat	ion and co	omplete l	ines 11e	through 1	1h.		
	a Type			Тур	e III - Funci	tionally int	egrated		d 🔲 Tyj	pe III - O	ther	
e	By checking	this box I o	ertify that the organiza	ation is no	t controlle	d directly	or indi	rectly by	one or r	nore di	squali	fied
	nersons other	er than founda	ation managers and other	er than one	or more	publicly s	upported	organiza	ations des	scribed i	n sec	tion
	509(a)(1) or	section 509(a)(2).									
f	If the organ	ization receive	ed a written determinat	tion from t	he IRS tha	titisa ¯	Туре І, Т	ype II, or	Type III	support	ing ₋	
·		, check this bo		 .			. 				L	
g	Since Augus	st 17, 2006, ha	s the organization acce	pted any g	ift or contril	bution fro	m any of	the				
•	following pe	rsons?							•			 -
	(i) A perso	on who direct	ly or indirectly controls	, either ald	one or toge	ether with	n person	s describ	ed in (ii)	(a. m)	Yes	No
	and (iii)	below, the go	verning body of the supp	ported orga	inization?					11g(i)		
			person described in (i) a					.		11g(ii)		
			ty of a person described							11g(iii)		
h	Provide the	following infor	mation about the suppo	rted organi	zation(s).				 r			
	e of supported	(ii) EIN	(iii) Type of organization	(iv) is the d	organization sted in your		ou notify sization in		s the tion in col.	(vii) Ar sui	nount oport	or
org	anization		(described on lines 1-9 above or IRC section	governing	document?	col. (i)	of your	(i) organi	zed in the	•	•	
			(see instructions))				ort?	U.	S.7 No			
				Yes	No	Yes	No	Yes	- NO			
					ŀ							
				<u> </u>	 	 						
							l					
			-									
								ļ	<u> </u>		_	
					1	1	1	1				
		<u> </u>		 -		 		<u> </u>	 			
Total					<u> </u>					<u> </u>		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part	(Complete only if you checke	anizations De	escribed in Soline 5, 7, or 8	of Part I.))(1)(A)(IV) ar 		
ecti	ion A. Public Support			(1) 0007	(4) 2009	(e) 2009	(f) Total
Caler	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(6) 2003	(1) 10.01
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						i.
	The value of services or facilities furnished by a governmental unit to the organization without charge	-					
4	Total. Add lines 1 through 3	The second of the second			erve .		
5	The portion of total contributions by each						
	person (other than a governmental unit or					l. ·	
	publicly supported organization) included				son .		ļ
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	A VANTAGO A AR	erin og sig i frå som for Grandsigser vers		To a still		
6	Public support. Subtract line 5 from line 4.		100 (2000) 100 (2000) 100 (2000)			<u> </u>	<u> </u>
	tion B. Total Support	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2003	(B) 2000	(0) 200.	(4)200	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	· · · · · · · · · · · · · · · · · · ·
7	Amounts from line 4		-				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10				L	1.21	
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
500	tion C. Computation of Public Sup					<u> </u>	
	Public support percentage for 2009 (li			a 11 column (fl)	<u> </u>	14	
14	Public support percentage for 2008 (iii Public support percentage from 2008	Schedule A. P.	art II line 14	5 11, COIGITH (1))		15	
15 160	331/3% support test - 2009. If the o	raanization die	I not check the	hox on line 13	and line 14		
104	this box and stop here. The organization	ngamzation ak nn qualifies as	a nublick supp	nted organization	on		
_	331/3% support test - 2008. If the o	vroanization di	d not check a l	nox on line 13	or 16a, and lir	ne 15 is 331/39	% or more.
D	check this box and stop here . The org	anization qualit	ies as a nublich	supported ora	anization		
47.	10%-facts-and-circumstances test - 2	009 If the ora	anization did no	it check a box o	n line 13. 16a	or 16b. and line	14 is 10%
174	or more, and if the organization me	eets the "fact	s-and-circumsta	nces" test, che	ck this box a	nd stop here.	Explain in
	Part IV how the organization meets						supported
	organization						►L a and line
þ	10%-facts-and-circumstances test - 15 is 10% or more, and if the org	euvo. II (Ne O)	igariization uld le the "footo o	not oneta a bu	a teet chack	this how and a	stop here
	Explain in Part IV how the organzati	on meets the	"facts-and-circu	mstances" test.	The organizat	ion qualifies as	a publicly
	supported organization						·····
18	Private foundation. If the organization	on did not che	ck a box on lii	ne 13, 16a, 16	p, 1/a, or 1/k	o, check this bo	ж and see г

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sect	ion A. Public Support					(*) 2000	/B Total
	lendar year (or fiscal year beginning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and					1	
-	membership fees received. (Do not include		ļ		Į.		
	any "unusual grants.")	78,148.	74,118.	37,144.	40,685.	40,701.	320,796.
2	Gross receipts from admissions, merchandise				1		
-	sold or services performed, or facilities	į	1				
	furnished in any activity that is related to the			1			
		2,086,301.	2,248,143.	2,301,553.	2,444,225.	2,458,278.	11,538,500.
_	organization's tax-exempt purpose	27000,000					
3	Gross receipts from activities that are not an	ļ		ļ			
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's	1			ĺ		
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities					1	
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	2,164,449.	2,322,261.	2,388,697.	2,484,910.	2,498,979.	11,859,296.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of p						
	\$5,000 or 1% of the amount on line 13 for the year	•					
_	Add lines 7a and 7b						
_	Public support (Subtract line 7c from						
•	* ' '						11,859,296.
<u></u>	tine 6.)	-					
_	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	-	2,164,449.	2,322,261.	2,388,697	2,484,910.	2,498,979.	11,859,296.
9 10a	Amounts from line 6	2,7337,733,5					
iva	payments received on securities loans,		1				
	rents, royalties and income from similar	7,909.	10,584	12,017	1,652.	2,111.	34,273.
	sources	7,905.	10,301		 		
t	Unrelated business taxable income (less	Į.	Ì			\ 	
	section 511 taxes) from businesses	ĺ	\				
	acquired after June 30, 1975					2 :13	34,273.
•	Add lines 10a and 10b	7,909.	10,584	. 12,017	1,652	2,111.	34,273.
11	Net income from unrelated business					\	
	activities not included in line 10b, whether or not the business is regularly			1	1		
	carried on · · · · · · · · · · · · · · · ·			ļ		<u> </u>	
12						'	
	loss from the sale of capital assets						
	(Explain in Part IV.)				ļ	<u> </u>	
13							
	and 12.)	2,172,358	. 2,332,845	. 2,400,714	. 2,486,562	2,501,090.	11,893,569
14	First five years. If the Form 990 is for	r the organization	on's first, second	, third, fourth, c	r fifth tax year	as a section 501	(c)(3)
17	organization, check this box and stop here				<u></u>	<u> </u>	▶
Se	ction C. Computation of Public Su						
15	Public support percentage for 2009 (line to			ımn (f))		15	99.71%
16	Public support percentage from 2008 Sch					16	99.71%
	ction D. Computation of Investme						
	Investment income percentage for 2009 (line 10c. column	(f) divided by line	13, column (f))		17	.29%
17	Investment income percentage from 2008						.29%
18	a 33 1/3% support tests - 2009. If the	organization did	not check the h	ox on line 14. a	nd line 15 is mo	re than 331/3%,	and line
19	17 is not more than 33 1/3%, check	this hav and of	on here The o	canization qualif	ies as a publicly	supported organ	nization 🕨 🛚 X
	17 is not more than 33 1/3%, check b 33 1/3% support tests - 2008. If the or	una bux anu su na hib naitesinan	nt check a hove	n line 14 or line	19a, and line 16	is more than 331	/3 %, and
	b 33 1/3% support tests - 2008. If the or line 18 is not more than 331/3%, chec	yanızanını unu III V thic hav and	eton here The	roanization qual	ifies as a publich	supported organ	nization 🕨 🦳
	man a grand- if the economication	n tille box allo :	a box on line	14, 19a. or 1	9b, check this b	ox and see inst	ructions >
20 ISA		ara mor check	<u> </u>	<u> </u>		Schedule A (Form	990 or 990-EZ) 200

Page 4

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Employer identification number

MID-TN SUPPORTED LIVING, INC. 62-1659522 Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

Name of organization

MID-TN SUPPORTED LIVING, INC.

Employer identification number 62-1659522

Part I	Contributors	(see	instructions)
--------	--------------	------	---------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		- - \$\$38,753.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		_	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		_ _	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		_	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 62-1659522

4TD-	TN SUPPORTED LIVING, INC.	62-1659522
Part	Organizations Maintaining Donor Advised Funds or Other Similar Funds	or Accounts. Complete if
	the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year	
	Aggregate contributions to (during year)	
	Aggregate grants from (during year)	
	Aggregate value at end of year	
	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes L No
	Did the organization inform all grantees, donors, and donor advisors in writing that grant fo	unds can be
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or	for any other
	purpose conferring impermissible private benefit?	Yes No
ari	1 to the second of the second	Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or pleasure)	on of an historically important land area
		on of a certified historic structure
	Preservation of open space	
	Complete lines 2a through 2d if the organization held a qualified conservation contribution	n in the form of a conservation
!	easement on the last day of the tax year.	
	easement on the last day of the tax yes	Held at the End of the Year
_	Total number of conservation easements	2a
a	Total acreage restricted by conservation easements	2b
b	Number of conservation easements on a certified historic structure included in (a)	2c
C	Number of conservation easements included in (c) acquired after 8/17/06	2d
d 3	Number of conservation easements modified, transferred, released, extinguished, or terr	minated by the organization during
•		, ,
	the tax year ▶ Number of states where property subject to conservation easement is located ▶	
1 5	Does the organization have a written policy regarding the periodic monitoring, inspection	, handling of
,	violations, and enforcement of the conservation easements it holds?	Yes No
3	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	easements during the year
,	Start and volunteer risule severes to moving improving	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ease	ements during the year
ŗ	>s	
В	Does each conservation easement reported on line 2(d) above satisfy the requirements o	of section
,	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue	e and expense statement, and
9	balance sheet, and include, if applicable, the text of the footnote to the organization's fin	nancial statements that describes
	the organization's accounting for conservation easements.	
Pat	Till Organizations Maintaining Collections of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue	ue statement and balance sheet works o
ıa		
	provide, in Part XIV, the text of the footnote to its financial statements that describes thes	se ileilis.
b	If the organization elected, as permitted under SFAS 116, to report in its revenue st historical treasures, or other similar assets held for public exhibition, education, or respectively.	tatement and balance sheet works of all research in furtherance of public service
	provide the following amounts relating to these items:	
	(i) Povenues included in Form 990 Part VIII line 1	> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other sim	ilar assets for financial gain, provide the
2	following amounts required to be reported under SEAS 116 relating to these items:	
-	Bousepass included in Form 990 Part VIII line 1	
a	Assets included in Form 990, Part X	
Ь	Magnife inclinated in Legitin and Legitin.	

chadula D (Form 990) 2009 62-1659522 Page **2**

	Organizations Maintaining Collection items (check all that apply):					
a [on, and o	ther records o			
a [trict recorde, e	heck any of the follo	owing that are a sig	gnificant use of its
h i	Public exhibition		d	Loan or exchang	ge programs	
	Scholarly research		е	Other		
С	Preservation for future generations					
4 P	rovide a description of the organization's c	ollections	and explain ho	w they further the c	organization's exem	ipt purpose in
P	art XIV.					
5 C	During the year, did the organization solicit	or receive	donations of a	art, historical treasu	ires, or other similar	
а	ssets to be sold to raise funds rather than t	o be mair	ntained as part	of the organization	's collection?	Yes No
Part	V Escrow and Custodial Arrangen	nents. Co	omplete if the	e organization ans	wered "Yes" to Fo	orm 990, Part
	IV, line 9, or reported an amoun	t on Forr	n 990, Part X	, line 21.		
			:	u for contributions s	or other accets not	
1a	s the organization an agent, trustee, custod	ian or oth	er intermediar	y for contributions c	I Offici assets flot	Yes No
il	ncluded on Form 990, Part X?					
b II	f "Yes," explain the arrangement in Part XIV	and com	ipiete trie ioliov	wing table.	Am	ount
_				4.		
C	Beginning balance			4 4		
d A	Additions during the year			10		
e L	Distributions during the year			46	-	
f	Ending balance	 Earm DOC	Dart Y line 2	<u> </u> 12		Yes No
			, rait A, inte 2			🗀
	f "Yes," explain the arrangement in Part XIV	r. Faranin	etion onewor	ad "Vac" to Form (000 Part IV line	10
Part			(b) Prior year			s back (e) Four years back
4 - 1		rent Year	(D) Filol year	(e) the years so	(4) /	, , , , , , , , , , , , , , , , , , ,
	Beginning of year balance					
	Contributions					
	Net investment earnings, gains,					
	and losses		ļ			
	Grants or scholarships					
	Other expenditures for facilities .					
	and programs					
	Administrative expenses		<u> </u>			
_	End of year balance	1.1.				
	Provide the estimated percentage of the ye	ear end ba				
	Board designated or quasi-endowment		%			
	Permanent endowment ▶%)				
	Term endowment ▶%		£ 46	inn that are hold on	d administered for t	the
	Are there endowment funds not in the pos	session o	it the organizat	ion that are new an	ia administered for t	Yes No
	organization by:					3a(i)
	(i) unrelated organizations					
	(ii) related organizations					· · · · · · · ·
	If "Yes" to 3a(ii), are the related organization					
	Describe in Part XIV the intended uses of the Investments - Land, Buildings,	ne organi	inment See	Form 000 Part Y	line 10	
Pari					(C) Accumulated	(d) Book value
	Description of investment		st or other basis evestment)	(b) Cost or other basis (other)	depreciation	(a) Book value
	Land	 				
12						
	Buildings	·				
b	Buildings				_	
b c	Leasehold improvements	· 🗀		42,038.	36,621.	5,417.
b c d	~ · · · · · · · · · · · · · · · · · · ·					5,417

Part VII	Investments - Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	n: value ————————————————————————————————————
inancial de	erivatives			
	d equity interests			
		l l		
	a /h) must count Earn 200 Part V -1 /m V - 1 /m V	>		
	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Se		13	
Part VIII			(c) Method of valuatio	 n:
	(a) Description of investment type	(b) Book value	(c) Method of Valuation Cost or end-of-year market	
		- - 		
				
		+		
				
				
Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)	>		
Part IX	Other Assets. See Form 990, Part			
		(a) Description		(b) Book value
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 15.)		<u> </u>	
Part X	Other Liabilities. See Form 990, Pa		4-1	
1.	(a) Description of liability	(b) Amount		
Federal inc	come taxes			
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)	>		

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

| Schedule | 7328BB M894 11/12/2010 1:27:58 PM V 09-8.5

62-1659522

chedu	le D (Form 990) 2009		_	rage 4
Part			3	2 501 000
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		2,501,090.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		2,697,360.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		-196,270.
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net). Add lines 4 through 8	9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		-196,270.
	Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ÌГ		
a	Net unrealized gains on investments			
b	Donated services and use of facilities			
	Recoveries of prior year grants	\exists	Ì	
C	Other (Describe in Part XIV.)		ł	
d	Add lines 2a through 2d		2e	
e	Subtract line 2e from line 1	· -	3	
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	` . ⊢	-	
4	· · · · · · · · · · · · · · · · · · ·	ļ		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in a at XIV.)	-	4c	
C	Add lines 4a and 4b	•• ⊢	5	
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	otur		
	Reconciliation of Expenses per Audited Financial Statements With Expenses per R	etui	<u>''</u>	
1	Total expenses and losses per audited financial statements	· • 	-	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	Ì		
а	Donated services and use of facilities		ŀ	
b	Prior year adjustments 2b			
C	Other losses 2c	\dashv		
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d	• • ⊢	2e	
3	Subtract line 2e from line 1	$\cdot \cdot \mid$	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		}	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)	_		
C	Add lines 4a and 4b	-	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u>)</u>	5	
Par	XIV Supplemental Information	_		
and 2	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pb; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. A lart to provide any additional information.		ompl	ete

Part XIV Supplemental Information (continued)

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

	Open To Public
ons.	Inspection
malouer id	entification number

Name of the organization MID-TN SUPPORTED LIVING, INC	: <u>.</u>				_	Eni	62-	1659				
Part I Excess Benefit Transacations Complete if the organization answ	/anotion	501(c)((3) and section form 990, Par	n 501(c)(t IV, line	4) organizati 25a or 25b, c	ons only). or Form 99	0-EZ,	Part V	/, line	40b.		
Complete if the organization and			<u> </u>							(c) Com	ected?
1 (a) Name of disqualified person				(b)	Description of	transaction	n 		_		Yes	No
										\dashv		
				r disquali	ified nersons	during the	vear				1	
2 Enter the amount of tax imposed on under section 4958								. >				
3 Enter the amount of tax, if any, on li	ne 2, ab	ove, reit	mbursed by the	e organiz	ation			▶	*			
Part II Loans to and/or From Intercomplete if the organization and	ested P	ersons "Yes" o	n Form 990, F	art IV, lin	ne 26, or Forn	n 990-EZ,	Part V	, line 3	38a.			_
(a) Name of interested person and purpose							(e) in default?		oroved ard or oittee?	agreement		
	To	From					Yes	No	Yes	No	Yes	No
							 					
	+	 					 					
							+					
			<u> </u>	> \$			+	<u> </u>				
Total	efittina l	nterest	led Persons.									
Complete if the organization a	nswered	"Yes" o	on Form <u>990, F</u>	Part IV, lin	e 27.	(c)	Amoun	t and t	tyne o	f assis	tance	
(a) Name of interested person	(b) R	elations	nip between inte organizati	ion	ison and the	(6)						
										_		
	+											
						_						
											_	
Part IV Business Transactions Inv Complete if the organization a	olving I	nterest	ted Persons.	Part IV, I	ine 28a, 28b,	or 28c.						
(a) Name of interested person	(b)	Relations	ship between erson and the ization	(c) A	mount of nsaction	(d) De	scriptio	on of tr	ansac	tion	orga	haring on nization' enues?
											Yes	No
RON BUTLER	BOARI	D MEMBER	l		7,200.	CHILD IS	A CLI	ENT			4	×

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

CHILD IS A CLIENT

4,200.

DORIA PANIVI

BOARD MEMBER

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MID-TN SUPPORTED LIVING, INC.

Employer identification number

62-1659522

ATTACHMENT 1

REVIEW OF 990

PART VI, SECTION B, LINE 11A

THE FORM 990 IS PROVIDED TO THE ENTIRE BOARD PRIOR TO FILING. THE FINANCE COMMITTEE REVIEWS AND APPROVES THE FORM.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C

THE BOARD REVIEWS CONFLICT OF INTEREST STATEMENTS ANNUALLY. PERIODIC

REVIEWS ARE UNDERTAKEN TO ENSURE THERE ARE NO PROHIBITED TRANSACTIONS.

COMPENSATION

FORM 990, PART VI, SECTION B

THE FINANCE COMMITTEE REVIEWS KEY EMPLOYEE PERFORMANCE AND BASED ON COMPARABLE DATA APPROVES COMPENSATION.

DOCUMENT AVAILABILITY

FORM 990, PART VI, SECTION C, LINE 19

DOCUMENTS ARE MADE AVAILABLE UPON REQUEST AND THROUGH THE WEB SITE GIVINGMATTERS.COM.

BOARD MEMBER FAMILY RELATIONSHIPS

FORM 990, PART VI, SECTION A, LINE 2

BOARD MEMBERS RON AND BELINDA BUTLER ARE MARRIED TO EACH OTHER. BOARD

MEMBERS PAT AND BUD BUTLER ARE ALSO MARRIED TO EACH OTHER.

Name of the organization MID-TN SUPPORTED LIVING, INC. Employer Identification number 62-1659522

ATTACHMENT 1 (CONT'D)

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

FORM 990, SCHEDULE L, PART IV

TWO BOARD MEMBERS, RON BUTLER AND DORIA PANVINI HAVE CHILDREN WHO ARE CLIENTS OF MID-TN SUPPORTED LIVING. THESE TWO BOARD MEMBERS SERVE AS THEIR CHILDREN'S REPRESENTATIVE PAYEE AND LEGAL REPRESENTATIVE. FUNDS ARE DISPENSED TO THEM IN THEIR REPRESENTATIVE ROLE AS PART OF MID-TN'S SERVICE DELIVERY. THESE RELATIONSHIPS ARE DISCLOSED ON A CONFLICT OF INTEREST STATEMENT COMPLETED BY THE BOARD MEMBERS.

ATTACHMENT 2

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO ASSIST PERSONS WITH MENTAL RETARDATION AND OTHER DISABILITIES LIVE IN THE COMMUNITY IN SUCH A WAY THAT THERE IS AN ACCEPTABLE BALANCE BETWEEN THEIR OPPORTUNITIES TO EXPERIENCE A LIFESTYLE MEANINGFUL TO THEMSELVES AND THE RISKS THAT OCCUR WITH ORDINARY LIVING. THIS IS DONE BY PROVIDING SERVICES TO THESE PERSONS IN THE AREAS OF SUPPORTED LIVING, SPECIALIZED EQUIPMENT AND SUPPLIES, PERSONAL ASSISTANCE, AND TRANSPORTATION.

			ATTACHMENT 3	
FORM 990, PART VIII - INVESTMENT	INCOME_			
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST	2,111.	2,111.		
TOTALS	2,1:1.	2,111.		